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Training Needs Analysis: A VR training tool to improve weight-related communication across healthcare settings

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INTRODUCTION: Overweight and obesity are chronic disease risk factors, posing a significant global health challenge. Previous research shows that due to lack of training and time, and assumptions about patient motivation, healthcare professionals (HCP) may lack the communication skills required to raise the topic of weight in a compassionate manner. The aim of this study was to explore publics' and professionals' attitudes to discussing weight and identify current practice in weight-related communication across healthcare settings.

METHODS: This research forms part of a five-phase mixed-methods study to design, develop and test the feasibility of a VR-based training approach to improve weight-related communication in healthcare settings. The current study addresses Phase 2—Training Needs Analysis and has two subphases: (1) a Twitter chat with patients, researchers and HCP ($n = 38$) conducted via a long-standing obesity chat—#obsmuk, and (2) HCP interviews ($n = 12$: four doctors, six nurses, and two dietitians), using purposive sampling to recruit across the UK via social media. The Twitter chat was analysed using content analysis, while analysis of HCP interviews used thematic analysis.

RESULTS: The Twitter chat confirmed current obesity research including lack of training for HCP, lack of time for weight-related discussions and dissatisfaction with the standard of weight-related discussions. Different agendas from HCP and patients were highlighted, suggesting that weight-related communication may not always be person-centred or based on shared-decision making.

From the HCP interviews, four themes were identified: (1) “Strategies for raising the topic of weight,” (2) “Role of weight bias,” (3) “HCP personal experiences with weight” and (4) “Practical strategies HCP used to engage patients.” Overall, the interviews highlighted a non-standardised approach to discussing weight, with participants influenced by a variety of sources, including professional bodies, their own weight journey and media gurus. There is a lack of understanding of weight

bias, conflating it with body positivity. Only one participant had self-assessed for unconscious weight bias. Three participants said the interview prompted a useful first-time reflection on weight-related communication. Participants described a deliberate decision-making process to raise the topic of weight. Most participants suggested that scenario-based training and video-based demonstrations of good practice would be helpful. There was also a difference in the understanding of weight complexity between the Twitter chat and HCP interviews.

CONCLUSION: HCP confirm lack of training in the communication skills for weight management and would like a practical training tool that provides opportunities for feedback, reflection and further information on the complexity of weight.

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